

CPD Self-Certification Form

To be retained by the member for six years.

| Personal details | |
|----------------------|---|
| Member's name: | |
| Membership category: | |
| Please tick box* | |
| Full member | <input type="checkbox"/> |
| Associate member | <input type="checkbox"/> |
| Retired member | <input type="checkbox"/> |
| Membership number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Summary | | |
|------------------------|-------------|----------|
| CPD year | | |
| | Requirement | Actual |
| Structured CPD hours | ...hours | ...hours |
| Unstructured CPD hours | ...hours | ...hours |
| Total | ...hours | ...hours |

I certify the above to be a complete CPD record. Non-core subjects have been included to no more than one half of the required hours.

* Please refer to CPD guidelines

x _____
Signature

Date / /
MM DD YYYY